

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Sep 08 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000002766 (3)
 1. Corporation Name
NATIONAL FRONT FOR CUBAN POLITICAL PRISONERS INC



Principal Place of Business 1140 SW 13TH AVE. MIAMI FL 33135	Mailing Address 1140 SW 13TH AVE. MIAMI FL 33135
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 807 S.W. 25 Ave. Suite 203 Miami FL 33135		3. Date Incorporated or Qualified 06/01/1994		3a. Date of Last Report 07/08/1996	
21. Suite, Apt. #, etc.	26. Mailing Address 807 S.W. 25 Ave. #203	4. FEI Number 65-0530975		Applied For Not Applicable	
22. City & State	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. City & State Miami Fl.	28. City & State Miami Fl.	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Zip 33135	25. Country	29. Zip 33135	30. Country		

9. Name and Address of Current Registered Agent
**ALVAREZ, JOSE R
 2890 VIRGINIA ST. #507
 COCONUT GROVE FL 33133**

10. Name and Address of New Registered Agent

81. Name Jose R. Alvarez	85. Zip Code 33135
82. Street Address (P.O. Box Number is Not Acceptable) 807 SW 25 Ave #203	
83.	
84. City Miami	85. Zip Code FL 33135

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Rufino Alvarez* **RUFINO ALVAREZ** DATE **08-14-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE President Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALVAREZ, JOSE R		1.2 NAME Rufino Alavez	
STREET ADDRESS 2890 VIRGINIA ST. #507		1.3 STREET ADDRESS 1700 SW 131 Place	
CITY-ST-ZIP COCONUT GROOVE FL 33133		1.4 CITY-ST-ZIP Miami Fl, 33135	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CAPOTE, RODOLFO		2.2 NAME	
STREET ADDRESS 3402 SW ST		2.3 STREET ADDRESS 4020 SW 13 St	
CITY-ST-ZIP MIAMI FL 33135		2.4 CITY-ST-ZIP Miami, Fl. 33134	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RODRIGUEZ, ALBERTO M		3.2 NAME Alberto Morales	
STREET ADDRESS 12790 SW 16 ST		3.3 STREET ADDRESS T/E	
CITY-ST-ZIP MIAMI FL 33175		3.4 CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARTINEZ, JESUS D		4.2 NAME Jose Oriol	
STREET ADDRESS 12385 NW 11 ST #30-B		4.3 STREET ADDRESS 1970 Palm Ave.	
CITY-ST-ZIP MIAMI FL 33125		4.4 CITY-ST-ZIP Hialeah, Fl. 33010	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

CF2E037 (4/97)